

## INSTRUCTIONS FOR UPGRADE FORM

**BUSINESS OWNERS:** Need a copy of DBA or Corporate Minutes indicating position within corporation.

**JOB RELATED:** Need a letter from employer indicating requirement to be armed while working.

**TO & FROM  
WORK:** Need a letter from employer indicating the availability of a storage area for your weapon while working.

**RENTAL  
PROPERTY:** Need a notarized list of all properties with addresses, # of units, and rental amounts.

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WILLMER FOWLER, JR.  
PISTOL PERMIT SUPERVISOR



92 FRANKLIN STREET  
Buffalo, New York 14202  
716/858-6600

## COUNTY OF ERIE

CHRISTOPHER L. JACOBS  
COUNTY CLERK

### PISTOL PERMIT DEPARTMENT

#### REQUEST FOR PERSONAL and/or BUSINESS PROTECTION ON PISTOL PERMIT

STATE OF NEW YORK  
SUPREME COURT : COUNTY OF ERIE

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IN THE MATTER OF THE FIREARMS LICENSE

-Qf-

RE: UPGRADE AFFIDAVIT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, deposes and says:

1. I am licensed pistol permit holder since \_\_\_\_\_, License Number \_\_\_\_\_.
2. My pistol permit has the following restrictions: Security, Target and Hunting, Business Protection, Home Protection.  
{strike out category which does not apply.}
3. I wish to upgrade my permit to a license to have and carry concealed without restriction. {400.00-2 (f) Penal Law}
4. I have not been arrested and/or convicted of any criminal offense or Vehicle and Traffic violation, other than minor traffic violations since my permit was issued. If any arrest or conviction list: (IF "NONE", SO STATE)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. That since my permit was originally issued I have not been treated for any mental or emotional illness or disease, nor have I been institutionalized, hospitalized or committed to any public or private facility which provides treatment for mental or emotional disease, defect or illness. (If no treatment, enter "NONE", otherwise specify details)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. That since the original date of issuance of my permit, I have had treatment for the following physical illness or disability. (If no treatment, enter "NONE", otherwise specify details)

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7. That since the date of original issuance of my permit the following changes in my personal history have occurred (List change of address, employment, marital status).

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8. That since the original date of issuance of my permit, I have not been treated for alcohol or drug abuse except (If no treatment, enter "NONE", otherwise specify date, length of treatment, where treated and what condition)

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9. That I have not been charged, petitioned against, a respondent, or otherwise been a subject of a proceeding in Family Court except (If "NONE", so state, otherwise explain.)

[illegible]

10. That the following reasons are given to establish proper cause for issuing an unrestricted pistol license (*attach separate sheet if necessary*). You should note that a mere desire to have unrestricted or a generalized concern may not be "proper cause" under the law.

Cite **SPECIFIC** factors, concerns, events or reasons for upgrade.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

11. That I know of no reason why I am unqualified to possess a firearms license or that my request for an unrestricted license should be denied.

**NOTICE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SEC. 210.45 OF THE PENAL LAW AND ARE GROUNDS FOR REVOCATION OF THE FIREARMS LICENSE PURSUANT TO SECTION 400 OF THE PENAL LAW.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

STATE OF NEW YORK )  
COUNTY OF ERIE )

On this date, \_\_\_\_\_ the foregoing instrument was acknowledged before me  
by \_\_\_\_\_ who is personally known to me and known  
to be the same person described in the foregoing instrument and \_\_\_\_\_ duly acknowledged to me that \_\_\_\_\_  
signed the same under oath.

\_\_\_\_\_  
NOTARY PUBLIC OR COMMISSIONER OF DEEDS